



Prevention Committee Meeting

Minutes, 6-22-06

Present- Committee Members

Carmela Castellano-Garcia
Fred Hawley
Joyce Ott
Carmen Diaz
Deborah Lee
Serena Clayton
Leland Johnson
Jay Mahler
Jonathon Nibbio
Marty Giffin
Ann Sasaki Madigan
William Arroyo
Beatrice Readell

Absent- Committee Members

Zelenne Cardenas
Alex Briscoe
Carmen Lee
Gwen Foster

Present- Commissioners, State Department of Mental Health Representatives, California Mental Health Directors Association Representatives

Mary Hayashi, MHSOAC, Committee Co-Chair
Darlene Prettyman, MHSOAC, Committee Co-Chair
Jerry Doyle, MHSOAC
Saul Feldman, MHSOAC
Linford Gayle, MHSOAC
Darrell Steinberg, MHSOAC

Jennifer Clancy, MHSOAC Staff

Emily Nahat, DMH
Bev Whitcomb, DMH

Bill Arroyo, CMHDA
Laurel Mildred, CMHDA

Minutes

Jay: Ensure that the minutes reflect the desire to have stakeholders as well as Commissioners as audience for Prevention In-Service; this is a key part of our responsibility.

Jay: Discussion about trends and pathways is not clear in the minutes. Marty explained what he meant. We need to identify pathways that culminate in bad outcomes. How do you track backward and find places where you could intervene to prevent bad outcomes? The goal is to reverse negative trends. How do we hold ourselves accountable, preferably through data that already exist, so we don't have to create a lot of new databases?

Minutes approved.

Perspective

Darrell wants to make sure that the 20% we spend on Prevention and Early Intervention becomes the hallmark of the Mental Health Services Act. There is so much in the area of prevention that hasn't been done and the Commission Chair appreciates the work of the Prevention Committee.

Focus

Saul: The Prevention Committee Members have been in discussion since January and they had decided that the primary, not exclusive, focus of the Committee is on children and families.

In-Service

Where we are

Jennifer: To meet August deadline, we need to complete agenda today, and define list of speakers to be invited. To clarify the role of Robert Friedman and Mario Hernandez of University of South Florida: When we began to talk about the purpose of the in-service, we wanted to ensure that we had proposed a model and framework for prevention and early intervention that becomes the focus of

program guidelines. We want to make use of and link to what has been developed nationally. We want to identify national leaders who can help with our process of defining this model. Consumers and family members need to be part of that process. It is important that what we do can be a model for other states, as well. Robert Friedman and researchers from the University of South Florida are national experts not only in prevention, but also in research related to transformation. They are also experts in school-based services. The role of USF researchers will be to facilitate a process whereby the MHSAAC develops a Prevention and Early Intervention model for California. He is confirmed.

Organizers had to pick from among suggested names for speakers, balancing diversity. They still have all the names of people suggested.

Jennifer wants each speaker to cover the entire age span. People who invite speakers need to reinforce this message when they invite a speaker.

The specific time slots are not set.

There are goals for each module, which will help focus the presentations and discussion.

Jen has worked a lot with Bob and Mario. Their concern is that we not be too prescriptive. They advocate that we give counties broad guidelines and framework, with lots of options for communities to design approaches based on their needs, strengths, and priorities. We need to respond to what communities need and want and support local collaborative efforts.

They are considering having the in-service in the Bay Area.

Discussion

What's potentially missing

Joyce: there is not enough on recovery.

Carmen wants to make sure that we include ages 0-5. Marty: we will define school-based services as including pre-school. Carmen wants people to know that you can have a pre-school child evaluated through the schools.

Darlene wants to make sure that the pre-teen years are covered.

Joyce: there is nothing about seniors. This is a growing demographic. Many mental health problems come on late in life. Please add a word somewhere that specifically identifies older adults.

Joyce: there needs to be more focus on the need for community collaboration with other service areas – this needs to be kept in mind throughout the in-service.

Bill: would like to expand the discussion of children of depressed mothers to children of parents with serious mental illness, in general. Saul: the research is very specific about the effects of maternal depression on children. Is there sufficient research literature on effects on children of other disorders? Bill: yes, there is research to strongly suggest that if a parent is unavailable for

whatever reason, including from severe mental illness, that child doesn't get what he/she needs to develop. He would also include the impact of a parent with alcohol and substance abuse issues; their children are also at-risk. Bill will email suggested speakers.

Many CSS plans identified prevention planning, and some looked at primary care as a main source for integration with mental health. We need to respect what's already been done at the county level.

We need a separate session on foster children.

Suicide prevention – what are evidence-based practices?

Speaker suggestions

Marty had requested speakers for school-based services: Bill Walker and Jeff Sprague of University of Oregon, Institute of Violence and Destructive Behavior. He would also like to recommend Dennis Emery from Tucson, Arizona.. The value of these speakers is to provide a national perspective.

Emily has names of 1-4 potential speakers: Ron Lally of WestEd, Bruce Perry, Dan Siegel of UCLA are all experts in the area of school-based services. She has more names if needed.

Alicia Lieberman from UCSF would be a good speaker for 0-5 or children of depressed mothers.

Other comments

Darlene wants to make sure that we cover evidence-based practices across the lifespan

There is a concern that too many speakers in a session will limit depth and that there might not be sufficient time for interaction. The concern is that we will be an inch deep and a mile wide. Maybe we need fewer sessions with more time for each. Mary: proposes to do disparities panel on last day and allow at least 2.5 hours. She will move depressed mothers to second day. She will try to have at least 45 minutes for presentations and 45 minutes for discussion for each topic. It's going to be introductory and is designed to give communities guidelines and leeway; it can't go too much into depth.

Jay: it would be useful to meet with facilitators in July to agree on how they will focus the presentations and discussion to support our goals

People would like to begin reading background material before the event

Carmela wants the professionals to guide the Commission facilitators on how to facilitate the in-service discussion toward the goals for the third day

Even if they can't be part of it, maybe we can get input from national experts in other ways.

Jay: There must be better ways to get top experts. Are we just giving the names of people we know? How do we identify who really are the top experts with a

broad understanding of what works, based on the research? Mary: Jennifer and Sergio have everyone's suggestions. They will go back and make the final decisions. Carmela: it sounds as if the charge has changed. We're not just giving the top-down approach but giving the community an option to determine their own approach.

Jerry: Get people with broad expertise on topic, not just experts on their programs or approach. .

Is prevention an intervention? Is intervention treatment? How is a discussion of a particular intervention an approach to prevention? Saul: the current approach to prevention comes from Institute of Medicine includes intervention as part of prevention because it prevents a more serious mental health problem. .

Leave Day 3 for internal discussion. Don't move speakers there. That means we have to cut something.

Marty: Every module needs goals and guidelines. Every module needs to focus on the ultimate goal of giving guidelines and framework to counties that allow for innovation and choice. We need to do lots of off-line prepping and briefing of speakers.

Saul: can we encourage speakers to be available during the evening for anyone who wants to pursue further the subject matter presented. Then we could have small groups for additional discussion. That would personalize the experience and allow participants to get more depth. What kind of incentive can we give speakers to encourage them to provide more time and interaction? Carmen: we could open this to stakeholders, which would give them an opportunity to ask questions and give feedback and get involved.

Jerry and Saul: bring in the best people from the country. What we're doing here will guide the expenditure of millions of dollars. Darryl: Get a budget that allows it. Include meals in the evening for informal networking.

Someone (Fred?): the process of planning this is helping him to visualize the guidelines

Gwen: The California Endowment has available and is distributing its brochure on Mental Health Symposium on Prevention and Early Intervention: Recommendations and Summary. Copies are available.

Date

August is a bad time. Many people are on vacation. What do we lose by postponing this until September, getting the people we want? Isn't the priority to make the best program possible and laying out the best foundation? Jerry: it is better to do it right than do it quick. We're talking about lots of busy people, not just the two key people. We'll be more likely to get more of the prominent people we want in September.

Carmela: it's frustrating to keep changing dates. We need to decide and commit and carry out our decision. We need to stop making decisions and then re-visiting them.

Mary: we didn't sufficiently get to talk about dates. The dates were chosen because of the availability of keynote speakers. Jay: the decision to move from two to three days and the choice of dates were made without committee involvement.

Gwen: many of the people we want are faculty and are more available in September. Serena: there are too many names of good speakers; we can't use them all, so we probably can get good people for August from among the people suggested. Darryl: we could have two in-service trainings.

We wanted to do regional hearings in September, four a month.

Jen: The OAC and Committee members must be the driving force for developing prevention guidelines. DMH has a timeline to go from guidelines to regulations.

Carmen: We lose credibility if we keep changing. We are already not having OAC meetings in the summer. Stakeholders make plans in advance. We need to stick with the announced date. Facilitators, most of whom are Commissioners, should work with Jen in finalizing the plans.

Mary: if regional hearings are going to take longer to plan, it's more important to have the event in August

Decision: hold event August 2-4, as planned.

Regional hearings

DMH representative is concerned about moving so quickly from in-service to public hearings. It will require input from DMH in between.

Joyce: is concerned about whether there will be four or five regional hearings. This needs to be discussed next time.

Jen: the number of regional hearings depends on various factors. She is beginning to meet with Emily, DMH, to plan necessary tasks related to prevention guidelines. We are all moving toward the same goal and need to do it together.

Mary: the real question is what is the best way to involve the public. Then we work backwards to the specific plans for regional hearings.

Specific topics

Primary Care

Bill will get someone else to speak on this topic; he doesn't think he's the best choice. He knows someone in large urban county hospitals who is providing mental health services through primary care. The California Endowment has done a lot of work in this area, particularly with minority communities; this needs to be represented. The Endowment has a booklet available describing

everything they funded. They are developing a new initiative focused on integration of primary care and mental health and are learning a lot. They have funded disease collaboratives, including one on depression, focused on community clinics. It includes an evaluation. There was large Robert Wood Johnson initiative on the same issue.

We need a speaker to say here is what we have learned so far in the general area of integration of mental health and primary care. .

Saul: A group of pediatricians has created a Development Residency, which identifies and responds to behavioral health issues within primary medical care. He can provide names from that group.

Stigma

Jay: He put together questions to frame what we want to know. What does the research indicate are the most effective strategies? What does research indicate as target populations to focus on that would be most effective to address? What is most effective message that would allow for more community acceptance. He suggested Pat Corrigan as top of the list and two other names. They have done the research. The names on agenda are not known to Jay. We want us to be educated about what research tells. Jerry: agrees that this should be the focus.

Ann Sasaki: I would add the issues of co-occurring disorders, people with criminal record, etc. as part of stigma – and address how to reduce this dimension of stigma.

Juvenile Justice

Saul: Judge Loftus has agreed to participate.

Bill juvenile justice should be the focus, not just mental health courts. We want to reach people at an earlier stage. Include evidence-based practices to keep youth from coming to attention of courts in first place. He suggests Delbert Elliot, who is principal investigator of a center for violence prevention in Colorado, who can speak eloquently on evidence-based practices in this area.

Jerry has name of person, Judge Lynn Edwards, who is doing statewide training.

Ann Sasaki: mental health courts are a way to divert people to treatment from incarceration. We shouldn't limit it to juvenile justice system but to all justice system.

Consumers are concerned about potentially coercive nature of any court intervention.

Gwen: one of the negative outcomes we're supposed to prevent is incarceration. I'd frame it as preventing incarceration as an overview and then look at the range of evidence-based interventions.

There are other courts that are useful: dependency courts, substance-abuse courts, etc.

Disparities

Gwen: Too broad as currently constituted with five speakers. One way to narrow it would be to look at disparities from a gender perspective.

Mary: speakers on the list now are just ideas, not final. We can re-organize it.

Bill: A good source for this area is the culture and mental health supplement to the Surgeon General's Report. Some of those developers are here, including Steve Lopez. He has a very broad perspective. Jeanne Miranda is another, as is Lonnie Snowden.

Mary: limit session to gender and racial disparities and limit to a maximum three speakers.

Next steps

Email speaker suggestions by next Tuesday to Jennifer, including relevant topic and nature of what speaker can contribute.

Jay: What is the process to structure each module and select speakers for each module? Jennifer will take new suggested names to Sergio, who will finalize the agenda

Prevention/Early Intervention Committee will meet in July

There will be a conference call or meeting with the professional facilitators

Emily: We need to ask speakers to hone in key problems and strategies, and key outcomes and indicators we can use to address and measure success? We need a benchmark for each session.

Third day will be just planning, no speakers.

We will find out soon about whether or not there will be honoraria for speakers available, the budget, etc.

We will try to create optional discussion groups with speakers in evenings.

Prevention Committee facilitators want to hear final decisions about speakers before the event.

In-service will be announced on web site and we expect that there will be significant numbers of public there as observers.